

**St. Joseph County**  
**APPLICATION FOR EMPLOYMENT**

St. Joseph County is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position(s) Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Are you a relative by birth or marriage to any St. Joseph County elected official or full-time management employee? Yes  No

If Yes: \_\_\_\_\_  
Name Relationship

Are you available to work  Full time  Part time  Temporary  Shift Work  
Are you under 18 years of age? (If yes, attach work permit) Yes  No   
Are you currently working? Yes  No   
Are you on lay-off? Yes  No  If yes, are you subject to recall? Yes  No   
On what date would you be available for work \_\_\_\_\_  
Will you submit to a drug screening test? Yes  No   
Have you ever been employed by St. Joseph County? Yes  No

If Yes: \_\_\_\_\_  
Position Department Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration state may be requested upon employment) Yes  No   
Have you ever been fired? Yes  No   
If Yes, give date, where you worked and explanation: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No   
If Yes, completely describe including location and date: \_\_\_\_\_

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes  No   
(See attached job description)

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? <small>(If not, number of credit hours completed)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

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List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

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## REFERENCES

(Do not include relatives or former employers):

Name	Address	Telephone
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## MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?  
Yes  No

If Yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you honorably discharged? Yes  No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.
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# EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

## EMPLOYMENT HISTORY

(Continued)

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

  

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

If you need additional space, please continue on a separate sheet.

## AGREEMENT AND UNDERSTANDING

(Please read and initial each numbered item)

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal. \_\_\_\_\_ (Initial)
  
2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act. \_\_\_\_\_ (Initial)
  
3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you. \_\_\_\_\_ (Initial)
  
4. I authorize St. Joseph County to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure. \_\_\_\_\_ (Initial)

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination. \_\_\_\_\_ (Initial)
6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify my immediate supervisor or department manager in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the County will preclude any claim that the employer failed to accommodate the handicapper. \_\_\_\_\_ (Initial)

**APPLICANTS FOR NON-UNION POSITIONS READ PARAGRAPH 7(A).**

**APPLICANTS FOR UNION POSITIONS READ PARAGRAPH 7(B).**

7(A). In consideration of my employment, I agree to conform to the rules and regulations of St. Joseph County, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of the County. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Board of Commissioners of St. Joseph County, or in the case of a position within the office of an elected official, the elected official and the Board of Commissioners. I further acknowledge that no one has made any representations or statements to the contrary to the County's employment at-will policy or about the County's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future. \_\_\_\_\_ (Initial)

7(B). In consideration of my employment, I agree to the rules and regulations of St. Joseph County. I further acknowledge I will be on probationary status for a minimum of \_\_\_\_ days from my date of hire. As a probationary employee, I am required to work for \_\_\_\_ days without any interruptions. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Board of Commissioners of St. Joseph County, or in the case of a position within the office of an elected official, the elected official and the Board of Commissioners.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between \_\_\_\_\_ and \_\_\_\_\_. I acknowledge that no one has made any representations or statements contrary to the County's probationary at-will policy to me or about the County's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future. \_\_\_\_\_ (Initial)

8. I agree that any lawsuit against the County arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary. \_\_\_\_\_ (Initial)

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

FOR COUNTY USE ONLY

Arrange Interview     Yes     No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed     Yes     No    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title

NOTES:

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**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from a consumer reporting agency ("CRA"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from CRA concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY OR THE CRA TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the CRA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me preceding my request. I hereby consent to you obtaining the above information from the CRA, and I agree that such information which the CRA has or obtains, and my employment history with you if I am hired, will be supplied by the CRA to other companies which subscribe to the CRA's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date